

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1.	/			
2.	/			
3.	/			
4.	/			
5.	/			
6.	/			
7.	/			
8.	/			
9.	/			
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43.	/			
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45.	/			
46.	/			
47.	/			
48.	/			
49.	/			
50.	/			
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52		/						
53		/						
54		/						
55		/						
56		/						
57		/						
58		/						
59		/						
60		/						
61		/						
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92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.	7							
TOTAL CLAIMS	76							
TOTAL CLAIMS	83							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS